3. *German Retrospect.*

By W. W. Ireland, M.D.

Incoherent Readings in General Paralysis.

Dr. G. Rabbas ("Zeitschrift für Psychiatrie," xli. Band, 3 Heft), following out the observations of Dr. Rieger, has, in a course of careful experiments, tested the capacity of the insane for reading in progressive dementia. He found that in general paralysis the power of reading was diminished, and in the end totally destroyed, and that this incapacity commenced at an early period of the disease. The words were given wrong or altered in a senseless manner, with a faint connection with the text read, whereas in functional insanity as well as senile dementia the power of reading was long retained even in cases where the mental fatuity seemed greater than in given cases of general paralysis. When maniacs could be induced to read they read on quickly without any regard to stops or beginnings of sentences, but they generally read correctly, without alteration of the words. This early loss of reading power in general paralysis, like the alteration in writing, is of great use for a differential diagnosis.

On Feeding the Insane.

Dr. F. Siemens, in an article published in the "Archiv.," xiv. Band, 2 Heft, and xv. Band, 1 Heft, argues at great length that the danger of voluntary abstention from food has been much exaggerated. Having fortified himself with cases of patients who lived forty or even sixty days without eating anything, he assures us that Indian fakeers allow themselves to be buried alive for a month and often fast for six months. This appears to be a generalization from the story published by Braid about the fakeer buried alive at Lahore, which I consider to be a mere case of Indian jugglery. The well-known experiment of Tanner, Bourneville's fasting idiot, and other instances mentioned by Dr. Siemens at least show that man can want food a good deal longer than we used to believe. Dr. Siemens calculates that it would take eight weeks before a man in an average healthy condition of body would die through want of food. Eating, in fact, has become too much an amusement, and so much time is taken up with our numerous meals, and all the conventional ceremonials thrown around them, that one is inclined to welcome the Spartan thesis of Dr. Siemens. He records several patients who abstained from food for a fortnight at a time, and then becoming hungry began to eat. One who indulged in water lived twenty-one days.

We can see how Dr. Siemens' views may form a new departure for the liberty of the insane. Dr. Siemens draws a tempting picture of the way he surrounds his fasting patients with all kinds of delicacies till they are tempted to eat secretly or openly, without being sub-

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jected to the shocking despotism of being fed through a tube pushed into the stomach. Dr. Siemens thinks himself warranted in stating the following conclusions :—The voluntary refusal of food, with proper control of the bodily and mental pursuits, is not attended with the great dangers which have been hitherto assumed. This refusal of food owing to alterations of innervation and changes in the body is but one symptom of a diseased condition. A patient in this condition, avoiding undue exposure and sparing of exertion, can pass a long time with very little nourishment. So long as he does not pass more than fourteen days without food or water, and more than forty days without food but with the use of water, and so long as no more than 40 per cent. of the bodily weight is lost, no durable bad effects will follow such prolonged abstinence.

Dr. Siemens holds that the dangers from forcible feeding are, on the whole, greater than those which follow prolonged abstinence. Besides the risk of injury in pushing the tube into the stomach he thinks that there is danger in forcibly introducing quantities of food without considering the patient's diminished powers of digestion and assimilation. In many cases Dr. Siemens has found feeding with the spoon to overcome the difficulty. In others the patient can be persuaded or tempted by the physician or attendant to eat enough to keep him in life till the disgust of food has passed away. Dr. Siemens admits that there are cases in which the patient sinks and dies through lack of food. These are generally elderly persons afflicted with hypochondria and melancholia. He goes so far as to assert that such patients are not to be saved even by artificial feeding. Patients at all vigorous who abstain from food never abstain so long as to put their lives in danger. The only class of patients with whom he would use the stomach-pump are cases of long insensibility and paralysis.

Dr. Siemens has, as yet, with the means indicated, succeeded in dealing with all the cases of abstinence from food which have hitherto come under his hands. Should they fail he lets us know that the resources of science are not yet exhausted ; save in the cases defined, his revolt against forcible feeding is absolute.

We have heard Dr. Conolly express the same sentiments; Dr. Rayner has for many years avoided having recourse to instrumental feeding.

On the Unequal Therapeutic Effects of the Two Electric Currents, and the Aid to Diagnosis in Treatment through the Examination of the Pupil.

Dr. Engelskjön, of Christiania, has given to the world, under this attractive title, three articles filling 100 pages of the " Archiv. für Psychiatrie " (xv. Band, 1 and 2 Heft, and xvi. Band, 1 Heft). The mere promise in the " schematisch " outline given in the first paper was enough to excite attention and hope, and the subsequent papers must have rendered neurologists desirous that such important results

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should be confirmed by further investigations. We are all conscious of the empiricism in which treatment by electricity remains, and would gladly have some clear scientific rules to guide us. The conclusions which Dr. Engelskjön has reached are the result of five years' attention to electro-therapeutics. According to him it is no matter whether the galvanic current should be an ascending or descending one in treating nervous disease. The diseases which improve under warm baths receive benefit from the interrupted current. Those diseases which derive benefit from galvanism are characterized by contraction of the actively dilated vessels, while those which derive benefit from faradism are characterized by widening of the spastic contracted vessels. The one kind of electricity causes a sinking, the other a rise of the temperature of the limbs to which they are applied. Thus a cold and cyanotic condition of the hand was made to disappear by the action of the interrupted current.

Dr. Engelskjön considers that these currents do not act by any influence on the nerve trunks or terminal nerves, but upon "the local vaso-motor ganglionary apparatus." He takes hemicrania as an example of a disease which is dependent upon a morbid action of the vaso-motor nerves. He believes that hemicrania is met with in two forms, one dependent upon the diseased action of the vaso-constrictor, the other upon the vaso-dilator nerves. He thinks neuralgia of the trifacial can also be divided into two similar forms. He found in his practice that those cases which belong to the vaso-constrictor form could be cured by the faradic stream, while those belonging to the other form were cured by the galvanic stream. Those cases of hemicrania which derived temporary relief from the inhalation of nitrite of amyl derived benefit from the interrupted current, while the constant current either aggravated the distress or had no effect. Out of seven cases of hemicrania only one was unmanageable to the electric treatment.

During the course of his experiments Dr. Engelskjön has observed a peculiar reflex connection between certain parts of the human nervous system (for example, between the brain and the spinal cord), so that a fit of melancholia or the first change in the functions of the brain leading to neurasthenia may show itself, perhaps, in an altered temperature of the patient's hands. Under these circumstances the organ first attacked ought to be the principal object of the application of electricity, and it generally requires to be treated with a different kind of electrical current than is found beneficial with the organ last attacked. The two parts of the cerebro-spinal axis to which the treatment should be directed are the medulla oblongata and the cervical enlargement of the spinal cord. In order to reach the first organ with its great nerve-centres for the vessels Dr. Engelskjön applies one electrode upon the back of the neck, the other upon the larynx under the chin. To reach the cervical portion of the spinal cord he puts one electrode upon the sixth or

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seventh cervical vertebra, the other upon the manubrium of the sternum. The kind of current from which benefit is derived he calls positive; the other he calls negative. There are cases of combined diseases where the brain requires one kind of electricity and the spinal cord another. Not unfrequently the negative current, whether galvanic or faradic, aggravates the symptoms which the other relieves.

Dr. Engelskjön does not seem to be timorous of the passage of powerful currents through the nerve centres. He has seen a slight swimming in the head changed into such giddiness as compelled the patient to be for hours in the horizontal position, or a faint humming in the ears magnified into a roar like thunder or the sound of a steamboat by the imprudent application of the wrong form of electricity. He has often observed a headache, or an attack of hemicrania, a sound in the ears, or great depression of spirits disappear through the electrization of the central organ. On changing the form of electric current he has seen the symptoms of disease promptly return. On the other hand, he has seen cases, in which the distress was only aggravated by the application of the electric currents to the nervous centres, much relieved by the application of electricity to the skin. He observes that cases of neurosis following upon the depressing emotions, such as terror, sadness, or anxiety, are best treated with the faradic current, whereas cases of overwork, strain, or forced watching derive benefit from the galvanic current. Such of his patients who gave symptoms of mental derangement seem principally to have suffered from the lighter forms which are met with out of asylums; but in the third article, which is devoted to the results of his clinical experience, Dr. Engelskjön makes some bold claims to have cured cases of insanity through electricity. He observes that passage of the current through the head is sometimes useful, but not unfrequently injurious. He seems to think it generally sufficient to pass it through the medulla oblongata. There is mention of a patient suffering from melancholia and spinal neurasthenia who recovered under the application of the interrupted current to the medulla, and the constant current to the cervical portion of the cord. We are also told of another recovery from the same complaints by the sole use of the interrupted current.

Case No. 21 describes a man of 50 who had suffered for three months from deep melancholia. After faradization through the medulla oblongata he raised himself suddenly with a pleasant smile, crying out, "Now it is gone." The melancholy returned next morning, but was again dispelled. A third return was met by the same means. The patient then went back to his work, though still a little "nervous."

Case 22, a painter with aboulomania, was treated with similar means and similar success. Dr. Engelskjön adds in a note that he has just cured an insane woman of her delusions in a few sittings by galvanization of the skin of the forearm. It is to be hoped, for the welfare of humanity, that our Norwegian colleague is not of a too sanguine temperament.

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Not the least remarkable of Dr. Engelskjön's discoveries was the relation of the curative effects of electricity to the visual area of the retina ascertained by observations with the perimeter. If the electric current be positive, *i.e.*, if it act favourably on the diseased condition, the visual area becomes enlarged; if, on the contrary, the current be negative, there is a diminution of the visual area. As this reaction generally comes on immediately, such perimetric observations are of great use in determining what kind of current should be chosen.

Doctors Eugen Conrad and Julius Wagner, Assistant Physicians at the Lower Austrian Asylum in Vienna, have tested the effects of the constant and interrupted currents on the medulla oblongata in thus causing widening and contraction of the visual area. They found that such extensions and contractions actually took place under the influence of electrical currents, but they regard their central origin as doubtful. They think that these oscillations in the extent of the visual area may be owing to the peripheral effects of the electric currents on the muscles of the eyelids, and the varying degree of their opening. They even observed oscillations to take place in the normal condition, and measuring the visual area at different times when no electricity had been applied.

They came to the conclusion that the so-called electro-diagnostic examination of the retina to assist in choosing the different currents of electricity for the treatment of central neurosis is of no use.

The criticism of these two young Austrian physicians, which was published in the same number of the "Archiv." (xvi. Band, 1 Heft) as Dr. Engelskjön's third communication, provoked a reply from the Scandinavian neurologist in a further number of the "Archiv." (xvi. Band, 3 Heft) which fills fifteen pages.

Dr. Engelskjön finds fault with the methods of inquiry used by his critics, and declares that he has paid enough attention to all sources of fallacy, that he has examined the visual area about 6,000 times, while his censors, in testing his observations, only used the perimeter on seven persons besides themselves. He gives some interesting cases in which there was, under the influence of electric currents, such an extension or contraction of the visual area that the patients themselves were conscious of an increased brightening or darkening of the scope of sight. In conclusion our Norwegian colleague states that the excitability of the visual area to electricity, and the possibility of defining a fixed visual area, are the foundations of his method of investigation, and upon them it will fall or remain standing.

Treatment of Insanity by Electricity.

Dr. Heyden ("Zeitschrift," xlii. Band, 1 Heft) gives the details of his trials of electricity upon twenty-five patients in the private asylum of Endenich. In using galvanism he applied the anode upon the forehead, the kathode upon the neck, or one pole behind each ear, beginning

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generally with the cross current. In some cases he tried general faradization.

The cases subjected to treatment by galvanization of the head were nine in number, of general paralysis two, melancholia two, and one of circular insanity. General galvanization and faradization were tried in three cases of melancholia, and the so-called galvanization of the sympathetic in one case of hypochondriacal insanity.

No favourable influence was observed in any case of general paralysis of more than three months' duration. In one patient where the disease was known to have lasted three months the improvement was very decided. He has now been eighteen months out of the asylum, and was partially occupied during six of these months. In two other early cases there was a less degree of improvement, and in two instances the patients slept better. In three cases of melancholia of no long duration there was a disappearance of the painful sensations and improvement in the mental condition. In general the most favourable results were obtained where there were peripheral disorders of innervation of central origin, especially where the genito-urinary system was affected. In one patient menstruation was speedily brought back; in another more slowly.

Case of Ergotin in Melancholia.

Dr. Luton, of Rheims, in 1881 indicated a mistura exhilarans, which consisted of a teaspoonful of the ethereal tincture of ergotin of the Paris Pharmacopœia, with a tablespoonful of a ten per cent. solution of hypophosphite of soda, which acted like laughing gas. He recommends this to be tried in hypochondria, melancholia, and other states of depression. Dr. H. Nebel determined to try the exhilarating mixture on the patients in the asylum at Gorlitz. He succeeded in effecting some considerable improvement in melancholia and hysterical insanity. The mixture seems to have the power of inducing a feeling of general well being, with exaltation of spirits somewhat like that following a moderate dose of generous wine. Though the ergot was given for months there was no appearance of ergotism.

In one patient, an elderly woman past menstruating, affected with katatonia simplex, melancholy with stupor, who required to be fed with the stomach tube, the effect of the mixture was very striking. On the third day after taking the mixture she began to be cheerful, and no longer required artificial feeding. On the fourth day her spirits became boisterous, and during two months she continued to make progress, though there was a week's relapse of no great gravity. In the end the lady returned to her family much improved. The mixture was tried in twelve cases, three of which were males. In five cases there was no improvement, and in one of hysterical insanity positive harm seemed to follow. The effects of the drug seemed very favourable in a patient affected with puerperal insanity. The patient took daily four grammes of tincture of ergotin with 15 grammes of

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a 10 per cent. solution of hypophosphite of soda. She recovered in three months, with one period of exacerbation at the end of the second month. Dr. Nebel confirms the statements of Luton as to the exhilarating effects of the mixture. It is noteworthy, he remarks, that a drug which is known to have the power of causing contraction of the vessels should be the principal ingredient of a mixture which within a single hour has the power of causing so much excitement. Dr. Nebel is inclined to hope that the effect of this medicine will be of an enduring character.

In a postscript following Dr. Nebel's paper there is a *résumé* of the experiments of Dr. Adam, who made some trials of the exhilarating mixture while interne in the asylum at Fains. He appears to have given the doses only once or twice to five patients suffering from melancholia. In one case the condition of depression was favourably modified, but the effect passed away in a short time without altering the usual condition of the patient. In another the patient was so much confused that she could not recite her prayers. The beads of her rosary appeared to her to be like strawberries, and she laughed at the illusion. As Dr. Adam has done little more than study the effect of a single dose he is scarcely in a position to make any generalization. His summing up, however, is unfavourable. He does not think the exciting effect of the mixture would have a sufficiently permanent effect in modifying chronic melancholia, and fears that prolonged use of ergot would be unfavourable to the health of the patient.

The Lunatic Asylum at Cairo.

Dr. Mendel, of Berlin, gives in the "Zeitschrift für Psychiatrie" (xlii. Band, 2 Heft) a description of a visit to the asylum near Cairo. He takes occasion to say that the English are, of all foreigners, the most hated in Egypt, possibly for the same reason as the Germans are unpopular in Alsace and Holstein. The asylum is maintained by the Government at a daily cost of about elevenpence per head, which Dr. Mendel considers a low charge. The patients are generally quiet and apathetic, and he saw no marks of injury or othæmatoma.

The most interesting feature was the number of patients whose insanity was put down to the enjoyment of hashisch; these amounted to about one-third in the admissions. Dr. Battaglia, the Medical Officer, remarked that amongst those described as "imbecile" there are a good many in whom the abuse of hashisch has been the proximate cause of the aggravation of the insanity already existing, and of the necessity of their detention in the asylum. Although the sale of hashisch is punishable by imprisonment, and its indulgence punishable by fine, there are in Cairo a great many shops in which this drug is sold or smoked on the premises. It may be observed that the use of chang, another preparation of the Cannabis Indica, is one of the commonest causes of insanity in our asylums in India. Out of

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403 discharges, insanity was attributed to hashisch in 159, of whom 94 were sent out cured, 27 improved, and 38 not improved. General paralysis is rare. The total mortality is about 6 per cent.

Gheel.

Dr. Hesse read a paper upon "Gheel and its Insane Colony" to the Medico-Psychological Association, which met at Hanover in 1884. We have noticed that of late the shares of Gheel have been falling. Dr. Hesse's description is not calculated to raise the credit of that concern. In some places of the Gheel district he saw huts such as in our country are only to be found in the West Highlands or Ireland, with bedding and furniture of a very poor description. The patients, he writes, spend the whole day with their keepers; they work with them, or sit if they are not able to work in the smoky room. Order or cleanliness is scarcely seen in any of those houses. Everywhere there is dirt and the most sordid poverty. The keepers have, in general, only a small patch of ground, and give themselves to agriculture as far as the dreary desert is capable of tillage. Few of the inhabitants have a cow, the most of them only a goat. They depend much upon the board which they get from their patients. Butcher's meat is an article of luxury, which, at most, is seen in small quantities on Sunday. Their ordinary fare is potatoes with vegetables, or fried with dripping. In one of the houses the housewife told Dr. Hesse that nothing had been given to the patients up to mid-day but coffee with rye bread. In the older parts of the Gheel colony he found things somewhat better, especially in the village of Steelen. He praises especially the expertness and quickness of the people in managing lunatics.

Dr. Hesse thinks the supervision of the insane female patients very faulty, and expresses his belief that the regulations given out for the care and diet of the lunatics are often neglected and evaded. He proposes a number of reforms; but it seems impossible to carry out these effectually without totally altering the character of the poor Flemish peasants, who eke out a small subsistence by economies practised on their insane boarders.

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4. *English Retrospect.*

Asylum Reports, 1888 (*for* 1887).

Aberdeen.—Considerable pressure on the accommodation for pauper patients continues, but it has been diminished as far as possible by boarding out suitable cases and transferring the fatuous to workhouses. It is satisfactory to learn that the Directors have had under consideration the best method of providing the necessary buildings, including a general dining-hall, a general bath-room, and a separate chapel.

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